



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/18/2006

Business ID: 532213

William M. Gardner

Secretary of State

NU LOOK HAIR AND BODY, INC.

43 LOWELL ROAD
HUDSON, NH 03051

ADDRESS OF PRINCIPAL OFFICE:

43 LOWELL ROAD
HUDSON, NH 03051

REGISTERED AGENT AND OFFICE:

MURPHY, ROBERT
43 LOWELL ROAD
HUDSON, NH 03051

ENTITY TYPE: CORPORATION

BUSINESS ID: 532213

STATE OF DOMICILE: NEW HAMPSHIRE

OWN/OPERATE A HAIR & BODY SALON AND SPA

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. ROBERT MURPHY

STREET 528 BROAD STREET

CITY/STATE/ZIP NASHUA NH 03063

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. BRIAN MURPHY

STREET 528 BROAD STREET

CITY/STATE/ZIP NASHUA NH 03063

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

ROBERT MURPHY

Please print name and title of signer:

ROBERT MURPHY

/

PRESIDENT

NAME

TITLE

FEE DUE: \$125.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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